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WAUSAU MANOR

3107 WESTHILL DRIVE

WAUSAU Phone: (715) 842-0575 Ownershi p: Corporati on 54401 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 60 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 60 Average Daily Census: 53 Number of Residents on 12/31/00: **54** 

| Services Provided to Non-Residents | Age, Sex, and Primary Diagn | Length of Stay (12/31/00)    | %     |            |        |                          |          |
|------------------------------------|-----------------------------|------------------------------|-------|------------|--------|--------------------------|----------|
| Home Health Care                   | No                          | Primary Diagnosis            | <br>% | Age Groups | %      | Less Than 1 Year         | 48. 1    |
| Supp. Home Care-Personal Care      | No                          |                              |       |            |        | 1 - 4 Years              | 40. 7    |
| Supp. Home Care-Household Services | No                          | Developmental Disabilities   | 0.0   | Under 65   | 1. 9   | More Than 4 Years        | 11. 1    |
| Day Services                       | No                          | Mental Illness (Org./Psy)    | 22. 2 | 65 - 74    | 5.6    | 1                        |          |
| Respite Care                       | No                          | Mental Illness (Other)       | 5. 6  | 75 - 84    | 40. 7  | 1                        | 100. 0   |
| Adult Day Care                     | No                          | Alcohol & Other Drug Abuse   | 0.0   | 85 - 94    | 46. 3  | ************             | ******   |
| Adult Day Health Care              | No                          | Para-, Quadra-, Hemi plegi c | 1.9   | 95 & 0ver  | 5.6    | Full-Time Equivalen      | ıt       |
| Congregate Meals                   | No                          | Cancer                       | 1. 9  |            |        | Nursing Staff per 100 Re | si dents |
| Home Delivered Meals               | No                          | Fractures                    | 16. 7 |            | 100.0  | (12/31/00)               |          |
| Other Meals                        | No                          | Cardi ovascul ar             | 11. 1 | 65 & 0ver  | 98. 1  |                          |          |
| Transportation                     | No                          | Cerebrovascul ar             | 16. 7 |            |        | RNs                      | 18. 0    |
| Referral Service                   | No                          | Diabetes                     | 1.9   | Sex        | %      | LPNs                     | 8. 1     |
| Other Services                     | No                          | Respiratory                  | 1. 9  |            |        | Nursing Assistants       |          |
| Provide Day Programming for        |                             | Other Medical Conditions     | 20. 4 | Male       | 25. 9  | Aides & Orderlies        | 48. 7    |
| Mentally Ill                       | No                          |                              |       | Female     | 74. 1  | ĺ                        |          |
| Provide Day Programming for        |                             | I                            | 100.0 |            |        | İ                        |          |
| Developmentally Disabled           | No                          |                              |       |            | 100. 0 |                          |          |
| ***********                        | ***                         | *********                    | ***** | ******     | ****** | ********                 | *****    |

Method of Reimbursement

|                    |      | Modic                                      |         |       | Modia  | <br>oid   |     |             |         |    |              |          |     |         |          |       |            |
|--------------------|------|--|---------|-------|--------|-----------|-----|-------------|---------|----|--------------|----------|-----|---------|----------|-------|------------|
|                    |      | Medicare Medicaid<br>(Title 18) (Title 19) |         | 0ther |        |           | P   | Private Pay |         |    | Managed Care |          |     | Percent |          |       |            |
|                    |      | ·  | Per Die | em    |        | Per Die   | m   |             | Per Die | em |              | Per Dien | n   | ]       | Per Diem | Total | Of All     |
| Level of Care      | No.  | %  | Rate    | No.   | %      | Rate      | No. | %           | Rate    | No | . %          | Rate     | No. | %       | Rate     | No.   | Resi dents |
| Int. Skilled Care  | 0    | 0. 0                                       | \$0. 00 | 1     | 4. 8   | \$122. 77 | 0   | 0. 0        | \$0.00  | 0  | 0. 0         | \$0.00   | 0   | 0. 0    | \$0.00   | 1     | 1. 9%      |
| Skilled Care       | 0    | 100. 0                                     | \$0.00  | 20    | 95. 2  | \$104.79  | 0   | 0.0         | \$0.00  | 24 | 100. 0       | \$155.00 | 0   | 0. 0    | \$0.00   | 53    | 98. 1%     |
| Intermediate       |      |  |         | 0     | 0. 0   | \$0.00    | 0   | 0. 0        | \$0.00  | 0  | 0.0          | \$0.00   | 0   | 0. 0    | \$0.00   | 0     | 0.0%       |
| Limited Care       |      |  |         | 0     | 0.0    | \$0.00    | 0   | 0. 0        | \$0.00  | 0  | 0.0          | \$0.00   | 0   | 0. 0    | \$0.00   | 0     | 0.0%       |
| Personal Care      |      |  |         | 0     | 0. 0   | \$0.00    | 0   | 0. 0        | \$0.00  | 0  | 0.0          | \$0.00   | 0   | 0. 0    | \$0.00   | 0     | 0.0%       |
| Residential Care   |      |  |         | 0     | 0. 0   | \$0.00    | 0   | 0. 0        | \$0.00  | 0  | 0.0          | \$0.00   | 0   | 0. 0    | \$0.00   | 0     | 0.0%       |
| Dev. Di sabl ed    |      |  |         | 0     | 0. 0   | \$0.00    | 0   | 0. 0        | \$0.00  | 0  | 0.0          | \$0.00   | 0   | 0. 0    | \$0.00   | 0     | 0.0%       |
| Traumatic Brain In | j. 0 | 0.0  | \$0.00  | 0     | 0. 0   | \$0.00    | 0   | 0. 0        | \$0.00  | 0  | 0.0          | \$0.00   | 0   | 0.0     | \$0.00   | 0     | 0.0%       |
| Ventilator-Depende | nt 0 | 0.0  | \$0.00  | 0     | 0. 0   | \$0.00    | 0   | 0. 0        | \$0.00  | 0  | 0.0          | \$0.00   | 0   | 0. 0    | \$0.00   | 0     | 0.0%       |
| Total              | 9    | 100. 0                                     |         | 21 1  | 100. 0 |           | 0   | 0. 0        |         | 24 | 100. 0       |          | 0   | 0. 0    |          | 54    | 100.0%     |

WAUSAU MANOR

| Admissions, Discharges, and    |       | Percent Distribution | n of Residents' | Condi t | ions, Services, and | d Activities as of 12/ | 31/00      |
|--------------------------------|-------|----------------------|-----------------|---------|---------------------|------------------------|------------|
| Deaths During Reporting Period |       |                      |                 |         |                     |                        |            |
|                                |       |                      |                 | •       | % Needi ng          |                        | Total      |
| Percent Admissions from:       |       | Activities of        | %               | As      | sistance of         | % Totally              | Number of  |
| Private Home/No Home Health    | 4.6   | Daily Living (ADL)   | Independent     | 0ne     | Or Two Staff        | Dependent              | Resi dents |
| Private Home/With Home Health  | 0.0   | Bathi ng             | 0. 0            |         | 81. 5               | 18. 5                  | 54         |
| Other Nursing Homes            | 1.8   | Dressi ng            | 13. 0           |         | 70. 4               | 16. 7                  | 54         |
| Acute Care Hospitals           | 91.7  | Transferring         | 20. 4           |         | 68. 5               | 11. 1                  | 54         |
| Psych. HospMR/DD Facilities    | 0.0   | Toilet Use           | 20. 4           |         | 63. 0               | 16. 7                  | 54         |
| Rehabilitation Hospitals       | 0.0   | Eati ng              | 79. 6           |         | 9. 3                | 11. 1                  | 54         |
| Other Locations                | 1.8   | **************       | ******          | *****   | *******             | ********               | ******     |
| Total Number of Admissions     | 109   | Continence           |                 | %       | Special Treatmen    | ts                     | %          |
| Percent Discharges To:         |       | Indwelling Or Extern | nal Catheter    | 5.6     | Receiving Respi     | iratory Care           | 5. 6       |
| Private Home/No Home Health    | 39. 4 | 0cc/Freq. Incontiner | nt of Bladder   | 46. 3   | Recei vi ng Trac    | heostomy Care          | 0. 0       |
| Private Home/With Home Health  | 19. 3 | 0cc/Freq. Incontiner | nt of Bowel     | 24. 1   | Receiving Suct      | i oni ng               | 0. 0       |
| Other Nursing Homes            | 3. 7  |                      |                 |         | Receiving Osto      | my Care                | 5. 6       |
| Acute Care Hospitals           | 9. 2  | Mobility             |                 |         | Recei vi ng Tube    | Feedi ng               | 3. 7       |
| Psych. HospMR/DD Facilities    | 0.0   | Physically Restraine | ed              | 5.6     | Receiving Mecha     | anically Altered Diets | 22. 2      |
| Rehabilitation Hospitals       | 0.0   |                      |                 |         |                     |                        |            |
| Other Locations                | 9. 2  | Skin Care            |                 |         | Other Resident C    | haracteri sti cs       |            |
| Deaths                         | 19. 3 | With Pressure Sores  |                 | 3. 7    | Have Advance D      | i recti ves            | 98. 1      |
| Total Number of Discharges     |       | With Rashes          |                 | 0.0     | Medi cati ons       |                        |            |
| (Including Deaths)             | 109   |                      |                 |         | Receiving Psych     | hoactive Drugs         | 57. 4      |
| ***********                    | ***** | ·<br>**********      | ******          | *****   | ******              | *********              | ******     |

|  |              | 0wn    | ershi p:  | Bed          | Size: | Li c       | ensure: |        |        |
|--|--------------|--------|-----------|--------------|-------|------------|---------|--------|--------|
|  | Thi s        | Proj   | pri etary | 50-          | - 99  | Ski l      | lled    | Al l   |        |
|  | Facility     | Peer   | Group     | Peer         | Group | Peer Group |         | Faci l | lities |
|  | %            | %      | Ratio     | %            | Ratio | %          | Ratio   | %      | Ratio  |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 88. 3        | 82. 5  | 1. 07     | 87. 3        | 1. 01 | 84. 1      | 1.05    | 84. 5  | 1.05   |
| Current Residents from In-County                     | 88. 9        | 83. 3  | 1.07      | 80. 3        | 1. 11 | 83. 5      | 1.06    | 77. 5  | 1. 15  |
| Admissions from In-County, Still Residing            | 20. 2        | 19. 9  | 1. 01     | 21. 1        | 0. 96 | 22. 9      | 0.88    | 21.5   | 0.94   |
| Admissions/Average Daily Census                      | 205. 7       | 170. 1 | 1. 21     | 141.8        | 1. 45 | 134. 3     | 1. 53   | 124. 3 | 1.66   |
| Discharges/Average Daily Census                      | 205. 7       | 170. 7 | 1. 21     | 143.0        | 1.44  | 135. 6     | 1. 52   | 126. 1 | 1.63   |
| Discharges To Private Residence/Average Daily Census | 120. 8       | 70.8   | 1.71      | <b>59. 4</b> | 2.03  | 53.6       | 2. 25   | 49. 9  | 2.42   |
| Residents Receiving Skilled Care                     | 100          | 91. 2  | 1. 10     | 88. 3        | 1. 13 | 90. 1      | 1. 11   | 83. 3  | 1. 20  |
| Residents Aged 65 and Older                          | 98. 1        | 93. 7  | 1.05      | 95.8         | 1.02  | 92. 7      | 1.06    | 87. 7  | 1. 12  |
| Title 19 (Medicaid) Funded Residents                 | 38. 9        | 62. 6  | 0. 62     | 57.8         | 0. 67 | 63. 5      | 0.61    | 69. 0  | 0. 56  |
| Private Pay Funded Residents                         | 44. 4        | 24. 4  | 1.82      | 33. 2        | 1. 34 | 27. 0      | 1.65    | 22.6   | 1.97   |
| Developmentally Disabled Residents                   | 0. 0         | 0.8    | 0.00      | 0. 7         | 0.00  | 1. 3       | 0.00    | 7. 6   | 0.00   |
| Mentally Ill Residents                               | 27. 8        | 30. 6  | 0. 91     | 32.6         | 0.85  | 37. 3      | 0.74    | 33. 3  | 0.83   |
| General Medical Service Residents                    | 20. 4        | 19. 9  | 1. 02     | 19. 2        | 1.06  | 19. 2      | 1.06    | 18. 4  | 1. 11  |
| Impaired ADL (Mean)                                  | 44. 4        | 48. 6  | 0. 91     | 48. 3        | 0. 92 | 49. 7      | 0.89    | 49. 4  | 0.90   |
| Psychological Problems                               | <b>57. 4</b> | 47. 2  | 1. 22     | 47.4         | 1. 21 | 50. 7      | 1. 13   | 50. 1  | 1. 15  |
| Nursing Care Required (Mean)                         | 5. 1         | 6. 2   | 0. 83     | 6. 1         | 0.84  | 6. 4       | 0. 79   | 7. 2   | 0.71   |